Characteristics of the Population Served at Montana State Hospital (MSH)

Information reported about the MSH population could be enhanced.

Audit Findings

Analysis of MSH population characteristics shows differences exist between public pay and private pay patients. Public pay patients are individuals enrolled in one or more publicly funded health insurance-type programs such as the Medicaid Mental Health Program (Medicaid), Medicare, and/or Mental Health Services Plan. Private pay patients are individuals with private insurance or no insurance coverage. We found:

- Similar percentages of public and private pay patients are admitted to MSH for the primary types of commitment.
- ▶ Lengths of stay at MSH vary.
- Private pay patients are younger and more likely to be referred to MSH from the criminal justice system.
- A higher percentage of public pay patients are referred to MSH from inpatient/residential providers with specialized mental health units.
- ▶ Public pay patients are readmitted to MSH more often.

A limited amount of data is available about private pay patients and the services they receive within Montana's mental health system, other than information collected during their stay at MSH. Based on our review of 110 MSH patient files, some information relative to patient characteristics is not compiled into automated records. The significance of this uncollected and unanalyzed information is its relevance to comprehensively understanding the MSH population, gaps in mental health services at the local level, and related census issues. The rising census has been a budget and policy concern for several years. It is our general observation the MSH census is growing proportionately to the number of persons served in Montana's entire mental health system. Based on our analysis, MSH serves approximately three percent of individuals enrolled in Medicaid and the Mental Health Services Plan and one percent or less of total consumers of mental health services in Montana.

Audit Recommendation

The Department of Public Health and Human Services and MSH could enhance program management at MSH. Our recommendation addresses expanding the collection, analysis, and reporting of info about the population served and establishing performance measures considering MSH patient admission trends and outcomes (see p.23).

In addition to the characteristics of the population served at MSH, we recognize many factors outside of MSH contribute to continuing census issues, ranging from individuals' insurance to availability of local resources. To more thoroughly answer questions related to MSH admissions and move beyond some of the general assumptions made in this report, additional audit work and/or studies would have to be conducted relative to pre- and post-MSH mental health care. For these reasons, we provide a list of potential further study areas of Montana's mental health system (see p.26-29).